

Fact Sheet

Home & Community-Based Services

North Dakota's Medicaid Waiver for the Aged and Disabled

Background:

North Dakota provides home and community-based services through several programs, which each serve different needs. These programs include:

- Service Payments for the Elderly and Disabled (SPED) program,
- Expanded Service Payments for the Elderly and Disabled (Expanded-SPED) program, and
- Medicaid Waivers for home and community-based services

The waivers gives eligible people a choice between institutional care and living in their homes and communities.

In 1981, the federal government acknowledged that the Medicaid Program had a bias toward funding institutional care, such as nursing homes. Home and community-based services (HCBS) waivers were developed to counter that bias, with the stipulation that the cost of community support services cannot exceed institutional care costs.

North Dakota's Medicaid HCBS waiver is an agreement between the Center for Medicare & Medicaid Services (CMS) and the state's Medicaid Agency - the North Dakota Department of Human Services. This waiver helps eligible individuals who would otherwise require services provided in a nursing home to remain at home or in the community. It gives eligible people other options, if their needs can be met living in their homes.

The waiver provides federal matching funds for needed services otherwise not available under the state's Medicaid Program. Funding for the Medicaid Waiver for the Aged and Disabled is approximately 70 percent federal funds and 30 percent state funds.

Covered Services:

- **HCBS Case Management** – Assesses needs, helps with care planning, provider selection, referrals and service monitoring
- **Respite Care** - Provides temporary relief to full-time caregivers
- **Personal Care Service** – Helps with bathing, dressing, transferring, toileting, and supervision
- **Adult Family Foster Care** – Provides a safe, supervised family living environment, 24-hour per day in a state licensed setting
- **Chore Service** – Includes snow removal and heavy cleaning
- **Homemaker Service** – Provides house cleaning, laundry, and/or meal preparation services
- **Emergency Response System (Lifeline)** – Provides telephone emergency response
- **Non-Medical Transportation** – Transports or escorts client for essential needs such as grocery shopping social security office visit, etc.
- **Adult Day Care** – Provides at least three hours per day of attended care in a group setting
- **Environmental Modification** – (Limited) Modifies the home to enhance client's independence (e.g. install safety rails)
- **Specialized Equipment** - Provides special equipment reducing the need for human help.
- **Training Family Member(s)** - Improves skills of non-paid primary caregiver in the family
- **Adult Residential Service** – Available to individuals living in a social model Alzheimer's facility

Qualifying for Services:

To qualify for services under this Medicaid waiver program, an individual must be:

- A Medicaid recipient (meets income eligibility requirements), and
- Screened at nursing facility level-of-care, and
- At least 65 years of age OR disabled by Social Security Disability criteria, and
- Capable of directing his/her own care, and
- Living in his or her own home or apartment (not in a dormitory or other group housing), and
- Able to have his or her service/care need(s) met within scope of this Waiver

Other Home and Community-Based Service Programs

As mentioned earlier, the Service Payments for the Elderly and Disabled (SPED) program, and the Expanded Service Payments for the Elderly and Disabled (Expanded-SPED) program also fund home and community-based services. A separate fact sheet is available through the Department of Human Services' Aging Services Division, which explains eligibility criteria and the services provided under these programs.

Did You Know:

- People served under the Medicaid waiver for home and community-based services qualify physically for nursing home admission, but choose to receive supportive care services in their homes and communities.
- In federal fiscal year (FFY) 2001, it cost an average of \$1,333 per month to provide services to a Medicaid client under the waiver. This is for services only. Clients pay for living expenses.
- In contrast, to provide care to a nursing home resident cost Medicaid an average of \$2,815 per month in FFY 2001.

Program Participation Data ***Federal Fiscal Year 2001***

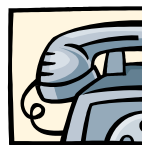
	Medicaid Waiver	Nursing Facility
# Clients served in 2001	453	5,095
Average number of clients served per month	282	3,731
Average cost per month to Medicaid	*\$1,333	**\$2,815
Total Expenditures from Medicaid program	\$4,504,154	\$126,021,826

NOTE:

* The Medicaid Waiver pays for services only; the client pays their own living expenses. Client retains up to \$492 per month to pay for living expenses.

** Nursing home rates reflect payment for services and room and board. Resident retains \$50 of income for Personal Needs Allowance.

Expenditure data comes from department spend down reports.



To Apply for Services:
Contact the County Social Service Office in Your Area

Another Resource:

North Dakota Senior Info Line
1-800-451-8693
www.ndseniorinfo.com

Prepared August 2002
N.D. Department of Human Services
Aging Services Division
600 South 2nd Street, Suite 1C
Bismarck, ND 58504 Ph. (701)328-8910